



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5775

SERIAL NUMBER 09/960,440	FILING DATE 09/21/2001 RULE	CLASS 304	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 41006-9
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APPLICANTS
Cary Gloodt, Indianapolis, IN;

**** CONTINUING DATA ******* *sma*
THIS APPLN CLAIMS BENEFIT OF 60/240,609 10/16/2000

**** FOREIGN APPLICATIONS ******* *now sma*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 10/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>SMA</i> Examiner's Signature Initials				

ADDRESS
C. John Brannon
Woodard, Emhardt, Naughton, Moriarty and McNett
Bank One Center/Tower
111 Monument Circle, Suite 3700
Indianapolis, IN 46204-5137

TITLE
Hand-held shower system with inline adjustable temperature/pressure balanced mixing valve

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 5775

SERIAL NUMBER 09/960,440	FILING DATE 09/21/2001 RULE	CLASS 137	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 41006-9
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APPLICANTS

Cary Gloodt, Indianapolis, IN;

**** CONTINUING DATA ******* *SAM*
This appln claims benefit of 60/240,609 10/16/2000

**** FOREIGN APPLICATIONS ******* *more*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/18/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SAM</i>	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
Examiner's Signature Initials

ADDRESS
BINGHAM MCHALE LLP
2700 MARKET TOWER
10 WEST MARKET STREET
INDIANAPOLIS , IN
46204

TITLE
Hand-held shower system with inline adjustable temperature/pressure balanced mixing valve

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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